

**STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH  
BUREAU OF REGULATORY SERVICES**

In re: Leonard Vigliatore, P.T.

Petition No. 97III-014-006

**REINSTATEMENT CONSENT ORDER**

WHEREAS, Leonard Vigliatore of West BayShore, New York (hereinafter "respondent") has been issued license number 004812 to practice physical therapy by the Department of Public Health (hereinafter "the Department") pursuant to Chapter 376 of the General Statutes of Connecticut, as amended; and,

WHEREAS, respondent voluntarily surrendered his license effective November 1, 1995, and has now applied to have said license reinstated by the Department pursuant to Chapter 368a of the General Statutes of Connecticut, as amended; and,

WHEREAS, respondent hereby admits as follows:

1. In October of 1989, the New York State Board of Regents imposed professional discipline on respondent's New York physical therapy license based on his admission that he engaged in improper billing (hereinafter "the 1989 New York Order").
2. In December of 1992, respondent pled guilty to engaging in mail fraud from 1988 through 1992. Respondent was incarcerated for twenty of a twenty-seven month sentence, and was released on November 14, 1995, at which time, he commenced a three year supervised release program.

3. In January of 1994, respondent surrendered his New York license and paid a \$10,000 civil penalty for filing fraudulent claims and engaging in mail fraud, as alleged in paragraph 2 above.
4. On December 7, 1994, the Connecticut Board of Examiners for Physical Therapists (hereinafter "the Board") approved a Consent Order (hereinafter "the Connecticut Order") imposing discipline on respondent's license based on the 1989 New York Order.
5. On November 1, 1995, the Department accepted respondent's "Voluntary Surrender of License Affidavit" executed by respondent in exchange for a dismissal of the Department's investigation regarding Petition No. 951012-14-005. Said Petition concerned the matters alleged in paragraph 2 above which, if true, constituted a felony under the laws of Connecticut and a violation of the Connecticut Order. As part of respondent's Voluntary Surrender of License Affidavit, respondent agreed that the allegations contained in Petition No. 951012-14-005 shall be deemed true in the event respondent applied for reinstatement of his license.
6. The conduct described above constitutes grounds for denial of respondent's application for reinstatement pursuant to §19a-14(a)(6) of the General Statutes of Connecticut.

NOW THEREFORE, pursuant to §19a-14 of the General Statutes of Connecticut, as amended, respondent hereby stipulates and agrees as follows:

1. He waives his right to a hearing on the merits of this matter.
2. When respondent satisfies (1) the requirements for reinstatement of his license as set forth in sections 19a-14-1 through 19a-14-5 of the Public Health Code of the State of Connecticut, and (2) the terms set forth in paragraph 3 of this Reinstatement Consent Order, the Department

shall issue respondent a permanently restricted license to practice physical therapy as set forth in paragraph 4 of this Reinstatement Consent Order.

3. Prior to the issuance of a restricted license as set forth in paragraph 4 of this Reinstatement Consent Order, respondent shall successfully complete, with a grade of "B" or higher, a semester-long, three (3) credit course in Ethics offered at a college approved by the American Physical Therapy Association. Within thirty (30) days of completion of said course, respondent shall provide proof of his grade to the Department's satisfaction. Such proof and an official school transcript, forwarded directly from the school, shall be provided to:

Debra L. Johnson, Health Program Supervisor  
State of Connecticut Department of Public Health  
410 Capitol Avenue, MS#12APP  
P.O. Box 340308  
Hartford, Connecticut 06134-0308

4. Upon satisfaction of the terms set forth in paragraph 2 above, the Department shall issue to respondent a license that is permanently restricted in that respondent is permanently prohibited from engaging in private practice, and shall only be employed as an employee in an institutional setting, working in the presence of other licensed professionals. Respondent is further permanently prohibited from engaging in any billing procedures.
5. In addition to the permanent restrictions on respondent's license as set forth in paragraph 4 above, immediately upon issuance, respondent's license shall also be placed on probation for a period of five years under the following terms and conditions:
  - a. Respondent's practice as a physical therapist shall be supervised on site at all times by a licensed physical therapist pre-approved by the Department (hereinafter "the supervisor").

- b. Within fifteen days of respondent's commencement of employment as a physical therapist and within fifteen (15) days of any change in employment, respondent shall provide his supervisor with a copy of this Reinstatement Consent Order and any other Consent Orders issued by the New York and Connecticut licensing authorities that the supervisor may request. Within fifteen (15) days thereafter, the supervisor shall provide proof to the Department of receipt of such documents.
  - c. Respondent shall be responsible for the provision of reports from his supervisor every other month for the first year of the probationary period and quarterly thereafter, stating that respondent is practicing with reasonable skill and safety.
- 6. All reports due every other month are due on the tenth business day of every other month; all quarterly reports are due on the tenth business day of every third month.
  - 7. All correspondence and reports during the term of probation are to be addressed to:

Bonnie Pinkerton, Nurse Consultant  
State of Connecticut Department of Public Health  
410 Capitol Avenue, MS#12LEG  
P.O. Box 340308  
Hartford, Connecticut 06134-0308
  - 8. Respondent shall comply with all federal and state statutes and regulations applicable to his license.
  - 9. Respondent shall notify the Department of any change(s) in his employment within fifteen (15) days of such change.
  - 10. Respondent shall notify the Department of any change in his home and/or business address within fifteen (15) days of such change.

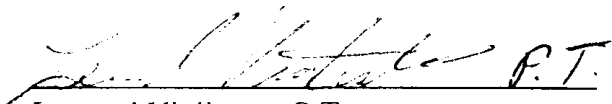
11. Respondent shall provide written notice to the Department in the event he is unemployed as a physical therapist for periods of thirty (30) days or longer, or is employed as a physical therapist less than twenty (20) hours per week, or is employed outside of the State of Connecticut. Such periods of time shall not be counted in reducing the probationary period covered by this Reinstatement Consent Order.
12. Any alleged violation of any provision of this Reinstatement Consent Order may result in the following procedures at the discretion of the Department:
  - a. The Department shall notify respondent in writing by first-class mail that the term(s) of this Reinstatement Consent Order have been violated, provided that no prior written consent for deviation from said term(s) has been granted.
  - b. Said notification shall include the acts or omission(s) which violate the term(s) of this Reinstatement Consent Order.
  - c. Respondent shall be allowed fifteen (15) days from the date of the mailing of notification required in paragraph 12a above to demonstrate to the satisfaction of the Department that he has complied with the terms of this Reinstatement Consent Order, or in the alternative, that he has cured the violation in question.
  - d. If respondent does not demonstrate compliance or cure the violation by the limited fifteen (15) day date certain contained in the notification of violation to the satisfaction of the Department, he shall be entitled to a hearing before the Board which shall make a final determination of the disciplinary action to be taken.

- e. Evidence presented to the Board by either the Department or respondent in any such hearing shall be limited to the alleged violation(s) of the term(s) of this Reinstatement Consent Order.
13. In the event respondent violates any terms of this Reinstatement Consent Order, respondent agrees immediately to refrain from practicing as a physical therapist, upon request by the Department, with notice to the Board, for a period not to exceed 45 days. During that time period, respondent further agrees to cooperate with the Department in its investigation of the violation. Respondent further agrees that failure to cooperate with the Department in its investigation during said 45 day period shall constitute grounds for the Department to seek a summary suspension of respondent's license. In any such summary action, respondent stipulates that his failure to cooperate with the Department's investigation shall constitute an admission that his conduct constitutes a clear and immediate danger as required pursuant to the General Statutes of Connecticut, sections 4-182(c) and 19a-17(c).
  14. In the event respondent violates any term of this Reinstatement Consent Order, said violation may also constitute grounds for the Department to seek a summary suspension of his license before the Board.
  15. Legal notice shall be sufficient if sent to respondent's last known address of record reported to the Licensure and Registration Section of the Division of Health Systems Regulation of the Department.
  16. Respondent understands this Reinstatement Consent Order may be considered as evidence of the above-admitted violations in any proceeding before the Board in which (1) his compliance

with this Reinstatement Consent Order is at issue, or (2) his compliance with §20-66 of the General Statutes of Connecticut, as amended, is at issue.


17. This Reinstatement Consent Order and the terms set forth herein are not subject to reconsideration, collateral attack or judicial review under any form or in any forum. Further, this Reinstatement Consent Order is not subject to appeal or review under the provisions of Chapters 54 or 368a of the Connecticut General Statutes provided that this stipulation shall not deprive respondent of any other rights that he may have under the laws of the State of Connecticut or of the United States.
18. This Reinstatement Consent Order is a revocable offer of settlement which may be modified by mutual agreement or withdrawn by the Department at any time prior to its being executed by the last signatory.
19. This Reinstatement Consent Order is effective when accepted and approved by a duly appointed agent of the Department.
20. Respondent has the right to consult with an attorney prior to signing this document.
21. This Reinstatement Consent Order is a matter of public record.

I, Leonard Vigliatore, have read the above Reinstatement Consent Order, and I agree to the terms and allegations set forth therein. I further declare the execution of this Reinstatement Consent Order to be my free act and deed.

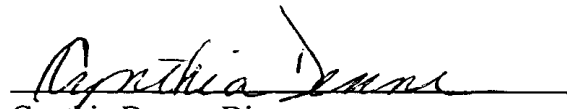
  
Leonard Vigliatore, P.T.

Subscribed and sworn to before me this 23<sup>rd</sup> day of April 1997.


GRACE ROLLINS  
NOTARY PUBLIC, State of New York  
No. 4988679, Suffolk County  
Term expires 11/18/97

  
Notary Public or person authorized  
by law to administer an oath or  
affirmation

The above Reinstatement Consent Order having been presented to the duly appointed agent of the Commissioner of the Department of Public Health on the 2<sup>nd</sup> day of May 1997, it hereby ordered and accepted.

  
Cynthia Denne, Director  
Division of Health Systems Regulation

The above Consent Order having been presented to the duly appointed agent of the Board on the 17<sup>th</sup> day of May 1997, it is hereby ordered and accepted.

  
State Board of Examiners for Physical Therapy